PTO/SB/17 (07-05)
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Under the Pa	Act of 1995	5, no person are re	quired to	respond to a collection of information unless it displays a valid OMB control number.					
Flective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006					Complete if Known				
							09/459,062-Conf. #9639		
							December 10, 1999		
							Tao TAO		
					100		S. B. Chen		
Applicant claims small entity status See 37 CFR 1 27					Art Unit 1648				
TOTAL AMOUNT OF PAYMENT (S) 120.00					Attorney Docket No. 1173-1053Pt			S1	
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Charge any additional fee(s) or underpayments of X Credit any overpayments									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	0,021,1101,11		G FEES		ARCH FEES	EXAMI	VATION FEES		
Annilosiisu T		C (A)	Small Entity	F (6)	Small Entity		Small Entity		
Application T	<u>Abe</u> i	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees F	Paid (\$)
Utility		300	150	500	250	200	100		
Design		200	100	100	50	130	65		
Plant		200	100	300	150	160	80		
Reissue		300	150	500	250	600	300		//////////////////////////////////////
Provisional		200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (including Reissues) Fee (S) Fee 50									<u>Fee (\$)</u> 25
Each independent claim over 3 (including Reissues)								200	100
Multiple dependent claims 360 180									
Total Claims Extra Claims Fee (\$) Fee P					rid (\$) Multiple Dependent C			nt Claims	
					0	Fe	e (\$)	Fee Paid (\$	1
HP = highest number of total claims paid for if greater than 20									
Indep. Claims	Extra Clai		ee (\$)		'ald (\$)				
6 -6 = 0 × = 0 HP = highest number of Independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s)									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00									
	ate ining surch	arge): 12	DI EXCENSION	for res	ponse within fil	st month		12	0.00
SUBMITTED BY					D. J.				
Signature	MAIN	<u>) - 2</u>	<u> </u>		Registration No. (Attorney/Agent)	36,623	Telephone	(703) 205	5-8043
Name (Print/Type)	Mark U. Nuel	11			-		Date	January 1	1, 2007

Birch, Stewart, Kofasch & Birch, LLP DRN/mua